POSITI N	INITIALS	ID NO.	DATE
	(signature)		03/20/10
FEE DETERMINATION			
.I.P.E. CLASSIFIER	MJW	5 9	03-24-00
F RMALITY REVIEW	_(initials)_	667 a 3	05/11/00
RESPONSE FORMALITY REVIEW			

INDEX OF CLAIMS

✓	Rejected	N	Non-elected
=	Allowed	I	Interference
– (Through numeral)	Canceled	A	Appeal
÷	Restricted	O	Objected

BEST AVAILABLE COPY

If more than 150 claims or 10 actions
staple additional sheet here

(LEFT INSIDE)